

The Bear Facts



A HealthCare USA Newsletter | Volume 1 • 2011



Behavioral Health Treatment... You're Covered

Do you have concerns about behavior problems? Or does your Primary Care Provider (PCP) suggest treatment? HealthCare USA can help! We cover treatment for:

- Attention Deficit Disorder
- Behavior concerns at home or at school
- Depression and mood swings
- Drug and alcohol use
- Finding community resources
- Parenting skills and advice
- Poor communication skills
- Stress and anxiety
- Trouble paying attention at school

You can have up to four visits with a HealthCare USA provider of your choice without prior approval. After four visits, your provider must ask MHNNet to approve your treatment plan.

We cover treatment for adults and children. The treatment can occur in a provider's office, at a hospital, or in your home. We may also pay the cost of getting to and from visits.

Help is just a phone call away! You can share your concerns about behavior problems with us—in private. We'll help you find the right providers for the job. Plus, we'll help you make an appointment, if needed.

MHNNet Behavioral Health staff is ready to help you 24 hours a day. Call us at (800) 377-9096, or (314) 543-5400.

What Cancer Checkups Do I Need?

Cancer checkups can help detect cancer in the early stages. Early detection can mean prompter and more effective treatment. Read this guide to learn what checkups you should get.

Breast Cancer

If you are a woman age 20 or older:

- Check your own breasts. Get to know how they normally feel. If you notice any changes, tell your provider right away.

If you are a woman age 20 to 39:

- Have your provider check your breasts every 3 years as part of a regular health exam.

If you are a woman age 40 or older:

- Have your provider check your breasts once a year.
- Have a mammogram once a year if you are in good health.

You are at risk for breast cancer if:

- You have had breast cancer before.
- Someone in your family has had breast cancer.

If you are at risk, ask your provider if you should get:

- Your first mammogram before age 40
- Other tests, such as breast ultrasound or MRI
- Tested more often



Colon and Rectal Cancer

If you are a man or woman age 50 or older, follow 1 of these schedules:

- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years
- Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) once a year*
- Flexible sigmoidoscopy every 5 years
- FOBT or FIT once a year, plus flexible sigmoidoscopy every 5 years*

*If any of these tests is positive:

Get a colonoscopy

You are at risk for colon and rectal cancer if:

- You have had chronic inflammatory bowel disease.
- You have had colorectal cancer or adenomatous polyps.
- Someone in your family has had hereditary colorectal cancer syndrome (familial adenomatous polyposis or hereditary non-polyposis colon cancer).
- Your parent, sibling, or child younger than age 60 or 2 relatives of any age have had colorectal cancer or polyps.

If you are at risk:

- Talk to your provider about starting checkups sooner.

Cervical Cancer

If you are a woman:

- Have your first Pap test about 3 years after you start having sex or by age 21.
- After that, get a standard Pap test once a year or a liquid-based Pap test once every 2 years.

If you are a woman age 30 or older and have had 3 normal Pap test results in a row:

- Get a Pap test every 2 to 3 years.
- Or get the standard or liquid-based Pap test plus the HPV DNA test no more than every 3 years.

If your uterus has been removed but your cervix is intact:

- Follow the guidelines under the cervical cancer section.

If your uterus and cervix have been removed:

- You may stop getting Pap tests, unless the surgery was done as a treatment for cervical cancer or pre-cancer.

You are at risk for cervical cancer if:

- You are HIV positive.
- You have a weakened immune system due to organ transplant, chemotherapy, or chronic steroid use.
- You were exposed to diethylstilbestrol (DES) before birth.

If you are at risk:

- Get a Pap test once a year.

Endometrial (Uterine) Cancer

If you are a woman who has started menopause:

- Find out the risks and symptoms of endometrial or uterine cancer.
- If you have any sudden bleeding or spotting, tell your provider right away.

If you are age 35 or older and are at high risk for hereditary non-polyposis colon cancer (HNPCC):

- Ask your provider if you should get an endometrial biopsy once a year.



Preferred Testing Labs

LabCorp and Quest are now HealthCare USA's preferred lab vendors. When your provider orders a lab test, you may be asked to go to one of these locations to get your test. Ask your provider if it is okay to get your test right away. If it is, go to LabCorp or Quest as soon as possible.

If you need a ride, Medical Transportation Management (MTM) will take you to get your lab test before you go home. Most members have this benefit. You just need to call MTM (1-800-688-3752) while you are at your provider's office.



GET THE NEW MEMBER HANDBOOK!

The new HealthCare USA Member Handbook is now ready. The handbook has the latest facts about your benefits and services.

To view or download the handbook, go to www.hcusa.org. To ask for a copy, call Member Services at (800) 566-6444.

Take your Medicine the Right Way

You may take a medicine for a short time to treat an acute problem, such as strep throat. Or you may take a medicine for a long time to treat a chronic problem, such as high blood pressure. In either case, you should take it the right way.

When you take your medicine the right way, it can make your symptoms go away. It can make you feel better and improve your health.

When you take your medicine the wrong way, it may make your health worse. You may even need to go to the hospital.

Try these tips for taking your medicine the right way

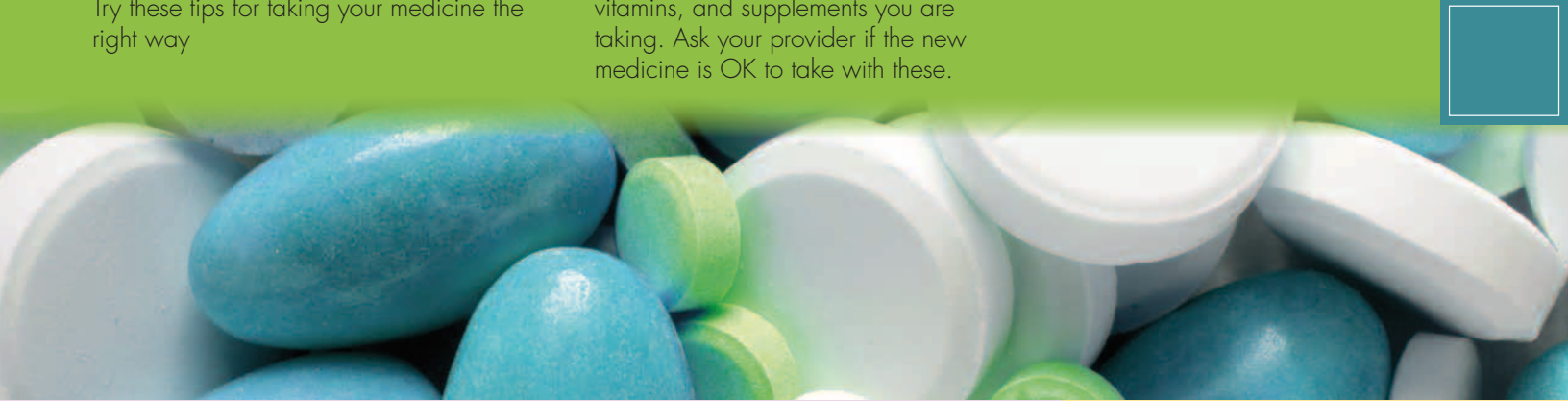
Before you start taking it:

- Ask your provider:
 - What the medicine is called
 - Why you should take the medicine
 - How much of the medicine you should take
 - How you should take the medicine (by mouth, by injection, etc.)
 - When you should take the medicine
 - If you should take the medicine with food or on an empty stomach
 - When you should expect to feel better
 - What side effects you might have, and what to do about them
 - How you should store the medicine
- Make a list of all the medicines, vitamins, and supplements you are taking. Ask your provider if the new medicine is OK to take with these.

- If you are pregnant, let your provider know. Ask if it's OK for you to take the medicine.

After you start taking it:

- Take the medicine just as your provider said to.
- Take all of the medicine. Don't stop taking it after a few days because you feel better, or because you don't feel better. Talk with your provider before stopping or changing any medicine.
- Get refills of the medicine as needed.
- If you have any questions or concerns about the medicine, call your provider right away.



Always Say "HEALTHCARE USA!"

Some providers in our network don't accept regular MO HealthNet Fee-For-Service, but do accept HealthCare USA. So when you make an appointment for you or your child, make sure to say you are a HealthCare USA member. Also, take all of your ID cards with you to all visits. Taking these steps can make it easier for you to get care.

HCUSA.org Now in Spanish Too!

Feel more at ease with Spanish? Now you can view HealthCare USA's whole website, including My Online Services, in Spanish! Getting to the Spanish version is simple. Just go to www.hcusa.org and click on "Español" in the top-right corner of any page. To switch back to English, just click on "English."

It's on the Web!

You can find important information about HealthCare USA you need at your fingertips on our website at

www.hcusa.org

- How to get the right health care
- How to make complaints and appeals
- What we do to improve quality
- HEDIS results
- Member satisfaction results
- What we do to protect your privacy
- Your rights and duties as a member
- And much more!

NO REWARDS OR INCENTIVES PROVIDED TO DENY CARE

HealthCare USA does not provide any incentives to employees or providers to reduce health services you get.

HealthCare USA will provide information on physician incentive plans to any member upon request. To learn more, call Member Services at (800) 566-6444

KEEP YOUR HEALTHCARE USA BENEFITS!

Every year, the State of Missouri sends a letter to you and other members of MO HealthNet/HealthCare USA. The letter asks you to prove you are still eligible for the plan. You will get this letter about 30 days before the date you first joined MO HealthNet.

In order to keep your MO HealthNet benefits, follow these steps:

- 1. Open all your mail from the State of Missouri.**
- 2. Note the deadline listed in the letter.**
- 3. Set up a meeting with your FSD eligibility specialist. Make sure the meeting occurs before the deadline.**
- 4. At the meeting, bring all the information the letter asks for. Provide your current address.**

Questions? Call Member Services at (800) 566-6444.



MEMBER RIGHTS AND RESPONSIBILITIES

As a HealthCare USA member, you have certain rights and duties. You can get a complete copy of your Rights and Responsibilities at any time.

Here's how:

- **Call Member Services**
- **Go to www.hcusa.org**
- **Look in your Member Handbook**

Help Stop Fraud + Abuse

Fraud and abuse of the MO HealthNet system are wrong and cost all of us money. You can help us make sure members and providers use the system fairly.

HealthCare USA does not allow health care fraud, waste, or abuse. We monitor, identify, and report suspected fraud and abuse. We refer anyone who commits fraud or abuse to the police.

If you suspect fraud or abuse, let us know right away:

- **Call HealthCare USA at (800) 566-6444.**
- **Or call MO HealthNet Division Participant Services at (800) 392-2161.**

HealthCare USA is part of Coventry Health Care. Below is information that we are required to give you regarding your privacy practices. If you have any questions, please call our Member Services Department at 1-800-566-6444, Monday through Friday from 8:00 a.m. until 5:00 p.m.

Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Coventry Health Care is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully. If you have any questions, please call the Member Services number on the back of your membership identification card.

Notice of Privacy Practices

Effective: 4/14/2003 (Revised 1/1/2011)

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health information secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.cvtv.com. You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services Coventry provides to your particular health benefit plan.

B. What Types of Personal Information Do We Collect?

To best service your benefits, we need information about you.

This information may come from you, your employer, or other payors or health benefits plan sponsors, and our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your benefits, we may use and share your personal information for "treatment," "payment," and "health care operations." Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care providers for coordination and management of your care. Providers include physicians, hospitals, and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review medical necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.
- **Health care operations:** We may use and share your personal information as part of our operations in servicing

your benefits. Operations include credentialing of providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination. We may also use and share information for our general administrative activities such as pharmacy benefits administration; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of a Coventry company with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about preventive care, or to inform you about a disease management program.

We may also share your personal information with providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your plan sponsor when those plans may be responsible to pay for certain health care benefits.

E. What Other Ways Do We Use or Share Your Information?

We may also use or share your personal information for the following:

- **Medical home / accountable care organizations:**

Coventry may work with your primary care physician, hospitals and other health care providers to help coordinate your treatment and care. Your information may be shared with your health care providers to assist in a team-based approach to your health.

- **Health care oversight and law enforcement:**

To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance or the U.S. Department of Labor.

- **Legal proceedings:** To comply with a court order or other lawful process.

- **Treatment options:** To inform you about treatment options or health-related benefits or services.

- **Plan sponsors:** To permit the sponsor of your health benefit plan to service the benefit plan and your benefits. Please see your employer's plan documents for more information.

- **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

- **Others involved in your health care:** We may share certain personal information with a relative, such as your spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of benefits to the subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.

- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.

- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your pharmacy or behavioral health benefits.

- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your coverage ends. However, we will continue to protect your information regardless of your coverage status.

G. Rights Established by Law

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.
- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.
- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.
- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Member Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your benefit documents or on your membership card.

If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W.

Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your benefit documents.

i For purposes of this notice, the pronouns "we", "us" and "our" and the name "Coventry" refers to Coventry Health Care, Inc. and its licensed affiliated companies, including, but not limited to, Altius Health Plans, Inc.; Cambridge Life Insurance Company; Carelink Health Plans, Inc.; Coventry Health Care of Delaware, Inc.; Coventry Health Care of Florida, Inc.; Coventry Health Plan of Florida, Inc. Coventry Health Care of Georgia, Inc.; Coventry Health Care of Iowa, Inc.; Coventry Health Care of Nebraska, Inc.; Coventry Health Care of Pennsylvania, Inc.; Coventry Health Care of Louisiana, Inc.; Coventry Health and Life Insurance Company; Coventry Health Care of Kansas, Inc.; Coventry Health Care National Accounts, Inc.; Coventry Summit Health Plan, Inc First Health Life & Health Insurance Company; First Health Services Corp.; Group Dental Services, Inc.; Group Health Plan, Inc.; HealthAmerica Pennsylvania, Inc., HealthAssurance Pennsylvania, Inc., HealthCare USA of Missouri, L.L.C.; Kansas Health Plan, Inc.; Mercy Health Plans; MHP, Inc.; MHNet Specialty Services, LLC.; MHNet of Florida, Inc.; MHNet Life and Health Insurance Company; Mental Health Associates, Inc.; Mental Health Network of New York IPA, Inc.; OmniCare Health Plan, Inc.; PersonalCare Insurance of Illinois, Inc.; Preferred Benefits Administrator, Inc.; Preferred Health Care, Inc.; Preferred Health Systems, Inc.; Preferred Health Systems Insurance Company; Preferred Plus of Kansas, Inc.; Southern Health Services, Inc.; and WellPath Select, Inc. These entities abide by the privacy practices described in this Notice.

ii Under various laws, different requirements can apply to different types of information. Therefore we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing benefits to you.



Look in the Book!

Did you know that you can learn a lot about HealthCare USA benefits and services from your Member Handbook? Your handbook tells you key facts:

- What benefits and services are covered
- What services are not covered.
- When you are responsible for a portion or all of the cost of your medical bills
- What you need to do to get services when you are away from home and out of the service area
- How to obtain language services
- How to get approval to see a provider that is not in our network
- How to submit a claim for payments
- How to get information about HealthCare USA providers
- How to obtain primary care services and select a primary care provider (PCP)

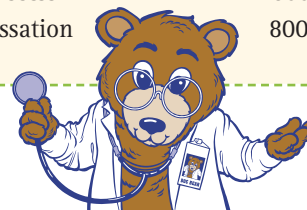
- How to get services from other providers like specialists and hospital care
- How to get behavioral health and substance abuse services
- How to find and get services from a specialist (like an OB-Gyn or an ENT)
- HealthCare USA's grievance process
- How to file a grievance
- Your rights and responsibilities
- HealthCare USA's appeal process and how to file an appeal
- How we decide if new procedures are safe
- How to get care after hours
- How to get emergency care and access emergency services

Questions about benefits and services? Call Member Services at (800) 566-6444. To get a copy of the Member Handbook, call us or visit us online: www.hcusa.org.

IMPORTANT TOLL-FREE NUMBERS

HEALTHCARE USA

Member Services	800-566-6444
Transportation	800-688-3752
Transportation Fax	877-240-6579
Behavioral Health	800-377-9096
24-Hour Nurse Line	800-475-1142
MO HealthNet Service Center	888-275-5908
Child Abuse/Neglect Missouri Hotline	800-392-3738
24-Hour Parent Support Line	888-281-3000
Missouri School Violence Hotline	866-748-7047
Poison Control Center	800-222-1222
Child Support General Information	800-859-7999
Food Stamp Hunger Line	800-392-1261
MO HealthNet Participant Services	800-392-2161
Text Telephone	800-735-2966
TTD Voice Access	800-735-2466
Smoking Cessation	800-QUITNOW



To receive a translated copy of this document, call Member Services at 1.800.566.6444.

Para recibir una copia traducida de este documento, llame al servicio para miembros al 1.800.566.6444.

 **HEALTHCARE USA**
A Coventry Health Care Plan
10 South Broadway, Ste. 1200
St. Louis, MO 63102
www.hcusa.org

In This Issue...

- What Cancer Screenings Do I need?
- New Member Handbook available
- Help Stop Fraud and Abuse
- Member Rights An Responsibilities
- HCUSA.org now in Spanish!
- Important Phone numbers